

Domain	Strategies and Interventions
Environmental Approaches Domain 2 (DNPAO)	<ul style="list-style-type: none"> <li>• Reduce sodium in food supply, including prepared foods served in schools, work sites, hospitals</li> <li>• Increase access to affordable fruits and vegetables and opportunities for safe physical activity</li> </ul>
	<ul style="list-style-type: none"> <li>• Worksite Wellness <ul style="list-style-type: none"> <li>• Healthiest Maryland Businesses</li> </ul> </li> <li>• Access to Healthy Foods <ul style="list-style-type: none"> <li>• Farmers Markets</li> </ul> </li> <li>• Walkable Communities <ul style="list-style-type: none"> <li>• Community Walking Promotion</li> </ul> </li> <li>• Early Child Care Interventions <ul style="list-style-type: none"> <li>• Baby-Friendly Hospital Initiative</li> <li>• Maryland Hospital Breastfeeding Policy Committee</li> <li>• Maryland Family Network</li> </ul> </li> </ul>

**Domain 2: Environmental Approaches (DNPAO)**



Worksite Wellness



Maryland's Farmers' Markets



Breastfeeding Policy & Baby-Friendly Hospitals



Early Child Care

MARYLAND Department of Health

**Session Overview**

- **Healthiest Maryland Businesses**  
Meghan Ames, MSPH, RD, CWP, Center for Chronic Disease Prevention and Control  
Kayla Kavoukas, CWWS, Howard County Health Department
- **Farmers Markets**  
Debi Celnik, MS, RD, Center for Chronic Disease Prevention and Control  
Amy Crone, Maryland Farmer's Market Association
- **Breastfeeding**  
Meghan Ames, MSPH, RD, CWP, Center for Chronic Disease Prevention and Control  
Nancy McAlduff, RN, BSN, IBCLC, RLC, Maryland Women, Infants, and Children
- **Early Care and Education**  
Caroline Green, MPH, Center for Chronic Disease Prevention and Control  
Alicia Vooris, MSPH, Center for Chronic Disease Prevention and Control  
Megan Lopes, MPH, Team Nutrition  
Erin Hager, PhD, University of Maryland School of Medicine

MARYLAND Department of Health

# Healthiest Maryland Businesses

Meghan Ames, MSPH, RD, CWP, Center for Chronic Disease Prevention and Control  
Kayla Kavoukas, CWWS, Howard County Health Department



# Healthiest Maryland Businesses

Meghan Ames, MSPH, RD, CWP  
Community Programs Coordinator  
Maryland Department of Health

Kayla Kavoukas, CWWS  
Central Region Coordinator  
Howard County Health Department



[www.healthiestmdbusinesses.org](http://www.healthiestmdbusinesses.org)



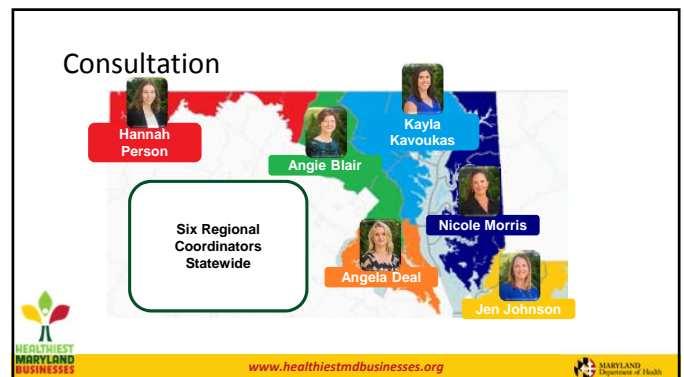
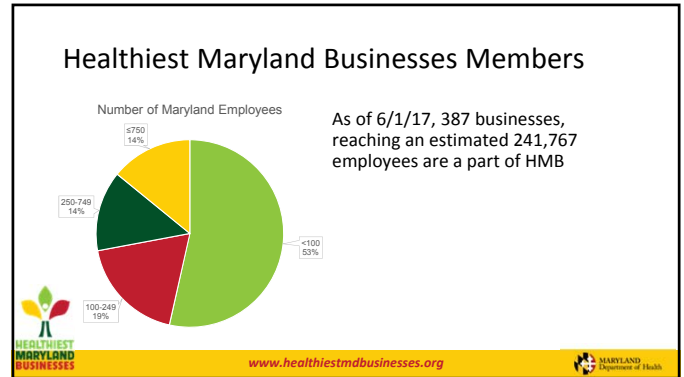
## Mission

To provide Maryland businesses with guidance and resources to promote health in the workplace.



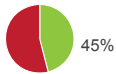
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## 1305 Performance Measures

- Between 7/1/13 and 1/31/17, 156 businesses reaching 55,235 employees **received training or in-depth, individual TA on food service guidelines/nutrition standards** from a 1305-funded HMB Regional Coordinator. [B.1.05; B.1.06; 2.2.02; 2.2.05]
- As of 1/31/17, 111 HMBs reaching 123,781 employees **have a written policy or formal communication that makes healthier food and beverage choices available** in cafeterias or snack bars, and/or vending machines.



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## 1305 Performance Measures

- Between 7/1/13 and 1/31/17, 162 businesses reaching 78,017 employees **received training or in-depth, individual TA on physical activity strategies** from a 1305-funded HMB Regional Coordinator.
- As of 1/31/17, 293 HMBs reaching 221,375 employees **implement one or more best practice strategies to increase physical activity for employees**. [B.3.03; B.3.04]



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## Training and Resources

Work@Health Trainings

Webinars

State and Local Conferences

Newsletters and Website



[www.healthiestmdbusinesses.org](http://www.healthiestmdbusinesses.org)



## Networking

Website

Newsletters

Social Media

Regional Collaboratives



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## Funding



Lactation  
support



Physical  
Activity



Nutrition



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## Recognition



News Releases



Success Stories



Wellness at Work  
Awards



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## Wellness at Work Awards



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## Central Regional Collaborative Meetings

Kayla Kavoukas, CWWS  
Howard County Health Department



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## Central Region Collaborative Meetings

A coming together of HMB participants to receive program updates, technical assistance, and to develop a network for idea and resource sharing.

### Purpose:

- To grow the community and connections among HMB participants
- To increase in-person communications between Regional Coordinator and businesses
- To promote and train on workplace wellness best practices and HMB program goals



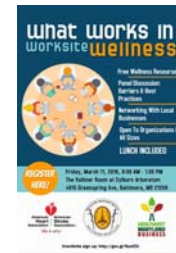
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## Regional Forum

- FY16 partnership with Baltimore City Health Department and American Heart Association

- Goal: Plan an event to highlight best practices based on HMB and AHA workplace wellness guidelines, with a local focus rather than state-wide or national.



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## Highlights from Forum

Opportunity for businesses to:

- Listen and learn from experiences of other businesses; gain strategies and new ideas
- Connect with local vendors and expand resources

Opportunity for HMB to:

- Promote best practices and program goals
- Increase program value and visibility



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## Regional Collaborative Meetings

### Structure:

- Bi-monthly, 2 hours, in-person
- Businesses are encouraged to host
- Pre-meeting survey determines discussion topics
- RC begins with agenda before open discussion



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## Central Region Collaborative

Tuesday, January 17, 2017

New ideas come from watching something, talking to people, experimenting, asking questions and getting out of the office!



*Steve Jobs*




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## WELCOME



- Introductions
  - Your name
  - Organization
  - Program Name
  - Optional Fun Fact ☺
- Housekeeping
  - Bathrooms
  - Trash/recycling
- Morning Meeting Stretch



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## AGENDA

- CDC Work@Health Training – Updates
- Diabetes Prevention Programs – Options & Goals
- Healthy Meetings
- Survey results for discussion topics
  - Employee engagement
  - New ideas and wellness challenge programs
  - ROI
  - Data Sources

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Training Employers | Promoting Health | Maximizing Performance



### Work@Health® Content:

The curricula covers a number of foundational and core workplace health principles including but not limited to:

- Assess the workplace health needs of organizations
- Plan, implement, and create an environment that supports science-based workplace health programs, policies, and practices that provide a great return on investment
- Know if your workplace health and wellness program is working and how to continuously improve its quality
- Develop and leverage partnerships, community links, and resources to support workplace health

### Work@Health® Goals:

- Increase awareness of the benefits to employers and the skills required to implement effective workplace training to expand the number of workplaces adopting science-based workplace health programs.
- Increase employers' knowledge and skills of workplace health program concepts and principles.
- Improve employer capacity for developing, expanding and sustaining workplace health programs by providing technical assistance, tools, and resources that can support them.
- Promote peer-to-peer, community-based cooperation and mentoring among employers.

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## National Diabetes Prevention Program

### OPTIONS FOR DPPs

- Promote classes being held in community. [Check listings.](#)
- Collaborate/contract with a lifestyle coach for onsite program at your work location
- Ask your benefits provider to explore DPP as a covered benefit
- Explore online platforms



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## Healthy Meetings

Healthy meeting policies and guidelines include:

- Incorporation of physical activity in meetings lasting longer than 45 minutes
- Healthy food and beverage options for meetings, conferences and work sponsored events; list of approved healthy vendors
- Supportive environment for walking meetings whenever possible
- Promotion of sustainability and environmentally friendly practices

National Alliance for Nutrition and Activity

[Toolkit](#)

[Guidelines](#)

[Tips Sheet](#)

[Resolution](#)



## Survey Discussion Topics

- Employee engagement
  - All about creating a culture of wellness
- New ideas and wellness challenge programs
  - Team building
- ROI
  - ROI Calculators
  - [Wellsteps](#)
- Data Sources
  - Health measurements
  - Employee surveys
    - [HCHD Health Questionnaire](#)
    - [HCHD Employee Interests](#)



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## Successes of the Collaborative

Meeting evaluations demonstrated positive results:

- Increased awareness of DPP
  - "I love the discussion sessions and information on resources."
- Streamlined resources and idea sharing
  - "I think they're fantastic, I don't think there needs to be any improvement."
  - "Excellent first meeting. Looking forward to future meetings."



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## Slide 30

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**Office1** Kayla, I think we should define this amount of time. I went with 45, but let me know if you think differently.

Microsoft Office User, 7/13/2017

## Future of the Collaborative

- Explore virtual/remote meeting options to accommodate schedules and increase participation
- Invite guest speakers
- Incorporate training components (i.e. how to build a wellness committee, how to collect data, how to improve communications, etc.)



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## QUESTIONS



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## Farmers Markets

Debi Celnik, MS, RD, Center for Chronic Disease Prevention and Control

Amy Crone, Maryland Farmer's Market Association



## MD Farmers Market Association Partnership

Debi Celnik, MS, RD

July 18, 2017



## Domain 2

Environmental Approaches that promote health and support and reinforce healthful behaviors (statewide in schools and childcare, worksites, and communities)



Strategy 1: Increase access to healthy foods and beverages



## Partnership Success

- Maryland Farmers Market Association
  - Maryland Market Money (MMM)
- Similar goals
  - Increase access to healthy foods at Farmers Markets

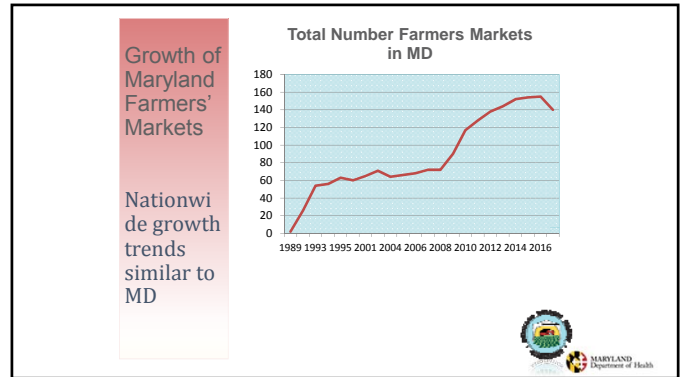


## Program Success

- From 23 → 53 accept SNAP/FMNP
- 147 Farmers Markets
- Today 23 participate in MMM

Performance Measure 2.1.04: Between 7/1/13 and 1/31/17, Maryland increased the number of farmer's markets that accept SNAP and FMNP from 23 to 53.





**Maryland Farmers Market Association**

- 501(c)3 nonprofit intended to be a one-stop-shop for everything related to farmers markets
- Membership-based; Board of Directors & Advisory Committee
- Insurance program for markets and vendors
- Technical assistance with starting a market to implementing a SNAP/EBT program

[www.marylandfma.org](http://www.marylandfma.org)

MARYLAND Department of Health

## Core Programs

- Maryland Market Money: statewide incentive program
- Technical Assistance: SNAP/EBT at market, starting a market, marketing & more
- Insurance program for markets and vendors
- Tools to find regulations & markets



## Current Projects

*Goal: to increase increasing sales at farmers markets*

*funded by MAERDAF grant from RMC + FMPP grant from USDA*

### Includes:

- Farmer trainings
- *Guide to Selling at Farmers Markets:*
  - Consolidation of tips, tricks, best practices & worksheets to help make good decisions and maximize sales
- Statewide outreach & promotion (mailings, advertisements, PSAs, etc.)



## Maryland Market Money



- Statewide matching program
- Currently operates in Baltimore City and in Anne Arundel, Baltimore, Prince George's, & Montgomery Counties



MMM utilized

## Maryland Market Money 2015-2016

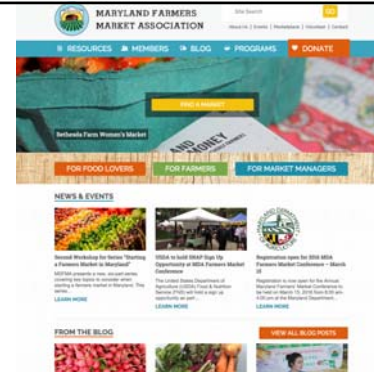
- 21 markets participated in 2016
- Over \$170,000 in MMM spent at participating farmers markets in 2015



## CDC FUNDING IMPACT

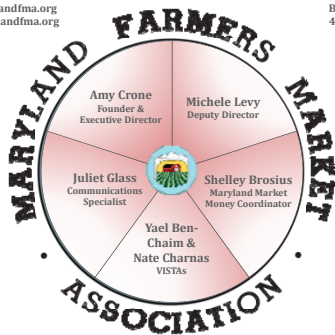


- Has supported MDFMA's work since 2014
- Has enabled MDFMA to provide information to low-income participants across the state
- Supports staff time to manage the program
- Enables MDFMA to allocated time to TA for farmers and markets
- Supported launch of nutrition education program – Get FED!



www.marylandfma.org  
info@marylandfma.org

Baltimore, MD  
410-929-1645



## Sponsors & Partners Past and Present

- Kaiser Permanente
- Maryland Department of Health
- Amerigroup
- Montgomery County Council
- Baltimore City Office of Sustainability
- City of Riverdale Park
- Crossroads Community Food Network
- FRESHFARM Markets
- University of Maryland Medical Center
- Johns Hopkins Hospital
- Loyola University
- The Wellness Coalition of Allegany County
- The Institute for Public Health Innovation
- Abell Foundation
- United States Department of Agriculture
- Maryland Department of Agriculture
- Maryland Department of Human Resources
- Prince George's County Food Equity Council
- Anne Arundel Economic Development Corporation
- Baltimore Office of Promotion and Arts
- University of Maryland FSNE
- University of Maryland Extension
- FutureHarvest CAGA
- Maryland Hunger Solutions
- Family League of Baltimore
- Rural Maryland Council



## Contact Us

- Website: [www.marylandfma.org](http://www.marylandfma.org)
- Email: [info@marylandfma.org](mailto:info@marylandfma.org)
- Amy Crone, 410-929-1645
  - [acrone@marylandfma.org](mailto:acrone@marylandfma.org)
- Social media:
  - Facebook: <https://www.facebook.com/marylandfma>
  - Twitter: <https://twitter.com/MDFMAssociation>
  - Instagram: [https://www.instagram.com/maryland\\_fma/](https://www.instagram.com/maryland_fma/)



## Food Education



- Food education program, called "FEEd"; 12 week program running from June-August
- Online and at-market resources to educate farmers market customers about local, seasonal produce



## Program Goals

- To bolster farmers' sales at participating farmers markets
- To enrich farmers market customers' knowledge of how to utilize and engage with food obtained at the market



## Resources

### Online:

- Downloadable graphics with information about nutrition, selection, storage, and preparation of weekly vegetable
- Images and blurbs for use on Instagram, Twitter, Facebook and e-Newsletter

### Print & Interactive:

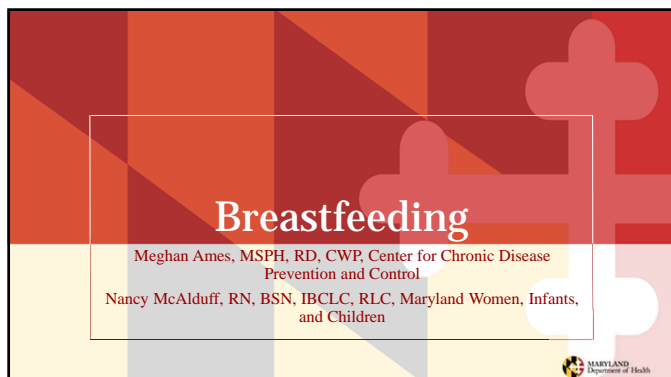
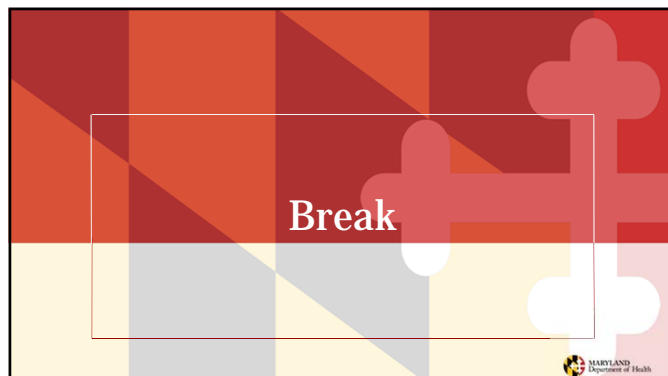
- Recipe cards for farmers
- Frequent Shopper FEEd Punch Card



## MDFMA's Role

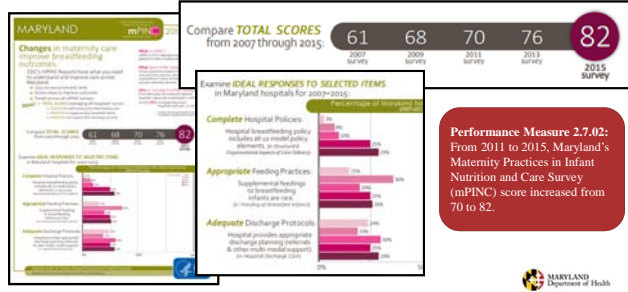
- Create weekly graphics with educational information, emailed to participating market managers in beginning of season
- Provide all print materials to market managers at beginning of market season.
- Provide all online materials
- Coordinate FEEd Frequent Shopper Punch Card







## Maryland's mPINC Scores



## Maryland Hospital Breastfeeding Policy Advisory Committee

- Formed in 2011 and included Maryland Department of Health (MDH):
  - Maternal and Child Health Bureau
  - Women, Infants, and Children
  - Family Planning and Home Visiting
  - Office of Surveillance Quality Initiatives
- Cancer and Chronic Disease Bureau
  - Center for Cancer Prevention and Control
  - Center for Chronic Disease Prevention and Control
- In 2014, expanded to include external partners
  - Representatives from 7 birthing facilities were selected
  - Professional backgrounds include health policy analysts, social workers, neonatologists, dietitians, lactation consultants, and nurses
- Meet quarterly

## Maryland Hospital Breastfeeding Policy Recommendations

- Finalized in September 2012
- Similar to Baby Friendly USA
- Include 10 Steps
- Set goal that all Maryland hospitals with maternity services will commit to achieve either:
  - Baby-Friendly certification
  - The Maryland Hospital Breastfeeding Policy Recommendations
- Solicited letters of commitment from all Maryland birthing facilities

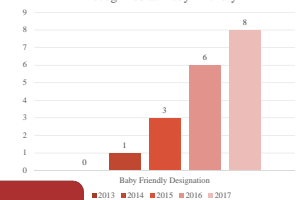


**Performance Measure 2.7.01:** All 32 birthing hospitals in Maryland committed to work towards the Maryland Hospital Breastfeeding Policy Recommendations and/or Baby Friendly designation.

## Baby Friendly Birthing Facilities

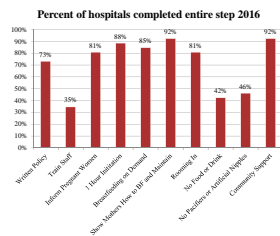
- Designated by Baby Friendly USA
- 4D Pathway
  - D1: Discovery Phase
  - D2: Development Phase
  - D3: Dissemination Phase
  - D4: Designation Phase
- Self-Assessment Surveys identified common barriers

Number of Maryland Birthing Facilities Recognized as Baby Friendly



**Performance Measure 2.7.03:** Between 7/1/13 and 1/31/17, Maryland increased the number of birthing facilities designated as Baby Friendly from 0 to 7; an additional 5 hospitals are on the 4-D Pathway to Baby-Friendly.

## Maryland Birth Facilities Self-Assessments



### Challenges

- Cultural change for staff and buy-in (5)
- Prenatal education – standardized and consistent (4)
- Physician education/training – standardized curriculum (4)
- 24 hour rooming in and changing bedside procedures (4)
- Diverse culture and family norms for patient/family population related to supplementation and prenatal care (3)
- Cost of formula (2)
- Supplementation with formula for medical reasons such as weight loss, hypoglycemia, hyperbilirubinemia (2)



## Maryland Hospital Breastfeeding Policies Training Opportunities



Amy Kovar Resnik, MS, RD, CSP, LDN, IBCLC  
Nancy McAluff, RN, BSN, IBCLC  
Laurie Miele, RN, BSN, IBCLC



## Assistance to Hospitals with the Process

- Key hospital contacts surveyed to determine areas of need
- Technical assistance conferencing hosted by MDH
  - Webinars/Conference Calls
  - Volunteers from hospitals shared experience with topic
  - Recorded presentation available on website to access
  - Sample topics included:
    - Rooming In
    - Hospital Staff Training
    - Skin-to-Skin
- List of available resources compiled and shared



## Maternity Staff Training Curriculum

- Challenge:
  - Training is one of the biggest challenges for hospitals seeking Baby Friendly Status
  - Time
  - Expense
- Solution:
  - Develop curriculum modules with goal that hospitals can use free of charge
  - Clinical Masters Nursing student practicum project
  - Hospital IBCLC offered to work with DHMH staff to review/refine curriculum



## Maternity Staff Training Curriculum

- Professionally Created Modules With Maryland Public Television
- 15 taped modules covering 15 areas required by Baby Friendly
- Can be used by individuals or in a classroom setting
- Includes a few imbedded videos
- Website Developed By MDH
- Released July 2016



[https://phpa.health.maryland.gov/mch/Pages/Hospital\\_Breastfeeding\\_Policy\\_Training.aspx](https://phpa.health.maryland.gov/mch/Pages/Hospital_Breastfeeding_Policy_Training.aspx)



[https://phpa.health.maryland.gov/mch/Pages/Hospital\\_Breastfeeding\\_Training\\_Module8.aspx](https://phpa.health.maryland.gov/mch/Pages/Hospital_Breastfeeding_Training_Module8.aspx)

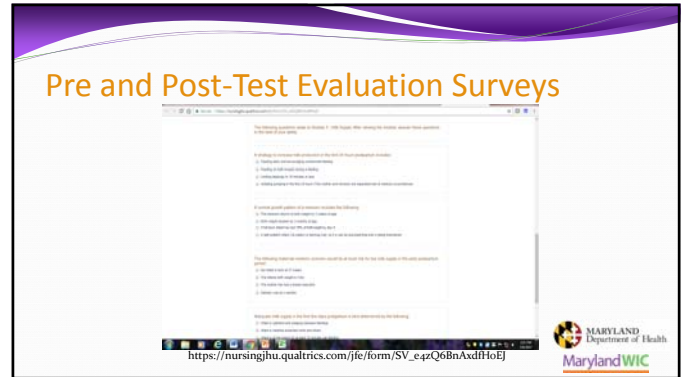
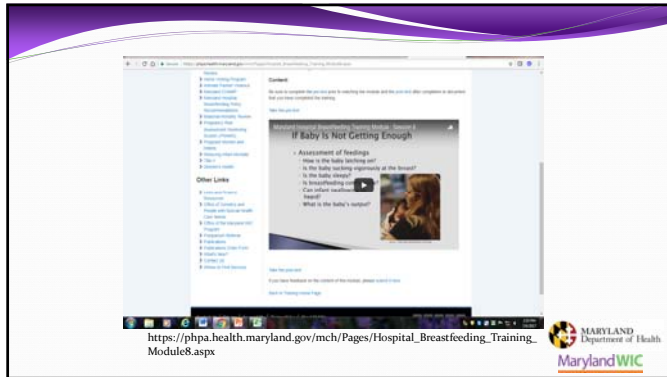


## Maternity Staff Training Curriculum: Verification of Attendance

- Pre and post-tests developed by Johns Hopkins School of Nursing
- Those taking post-test receive immediate verification of score for provision to hospital lactation supervisor
- Information collected can potentially be used to evaluate resulting effect of program
- Between 250 and 500 people submitted pre and post-tests for each module.

• [https://nursingjhu.qualtrics.com/jfe/form/SV\\_e4zQ6BnAxdHfHoEJ](https://nursingjhu.qualtrics.com/jfe/form/SV_e4zQ6BnAxdHfHoEJ)





## Preliminary Feedback

- Pilot survey information collected via survey monkey
  - Logistics of using website
  - Information about adequacy of modules from user's perspective
- Technical assistance survey
  - One question eliciting feedback if user found inaccurate information that needed to be corrected



## Physician Training

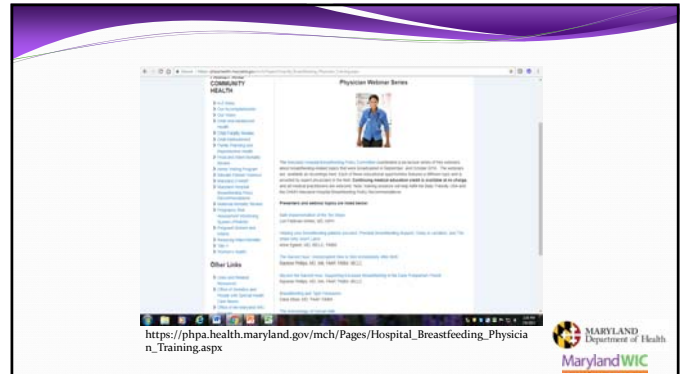
- Challenge
  - Physician compliance with 3 hours of breastfeeding education required by BFHI
  - Physician breastfeeding knowledge
  - Finding time to attend educational conferences
  - Incentive to attend breastfeeding education
- Solution
  - Provide free webinars that physicians can access from their computers at any time
  - Provide CME to encourage usage



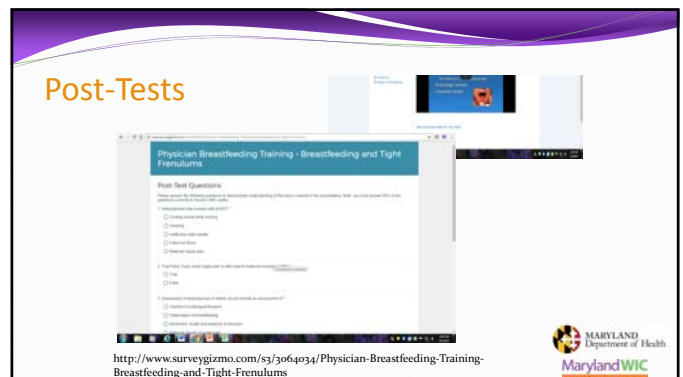
## Physician Training Webinars

- Six taped webinars were completed
  - Allowed physicians to choose topics they felt were most relevant and most interesting
  - Provided potential for more than the minimal amount of education
- Continuing Education was provided
  - Partnered with LifeBridge Health /Sinai Hospital of Baltimore

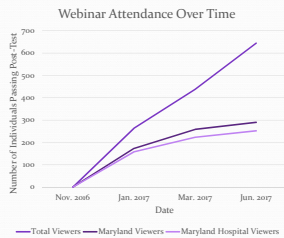
[https://phpa.health.maryland.gov/mch/Pages/Hospital\\_Breastfeeding\\_Physician\\_Training.aspx](https://phpa.health.maryland.gov/mch/Pages/Hospital_Breastfeeding_Physician_Training.aspx)



## Post-Tests



## Physician Webinar Attendance



- 644 individuals successfully passed the post-test in first 6 months
- Of these completers:
  - 45% are from Maryland
  - 39% are from Hospitals in Maryland



## Early Care and Education

Caroline Green, MPH and Alicia Vooris, MSPH, Center for Chronic Disease Prevention and Control  
 Megan Lopes, MPH, Team Nutrition  
 Erin Hager, PhD, University of Maryland School of Medicine



## Partnership Overview

- Maryland State Department of Education
  - Office of School and Community Nutrition Programs
  - Office of Child Care
- University of Maryland School of Medicine
- University of Maryland Extension
- Maryland Family Network



## Licensing and Administrative Regulations



## Child and Adult Care Food Program



## Results from Summer 2016 Go NAP SACC

Successes	Best Practice	No. of ECEs (%) N=214
Television or videos are on during meal or snack	Never	206 (97%)
Offers sugary drinks	Never	198 (93%)
Given sweet or salty snacks outside of meal or snack time	Less than once a week or never	196 (92%)

Challenges	Best Practice	No. of ECEs (%) N=214
When children ask for seconds, teachers ask them if they are still hungry before serving more food	Always	67 (32%)
When in classrooms during meal/snack time, teachers and staff eat and drink the same foods and beverages	Always	50 (24%)
Education for families on child nutrition:	Includes 5-6 topics (i.e. positive feeding practice, serving sizes, etc.)	49 (23%)

## 2017 Go NAP SACC

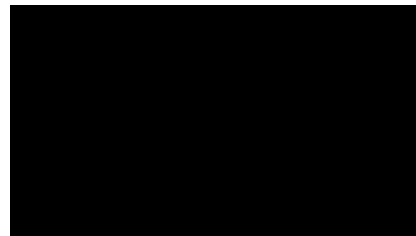
### Purpose:

- An assessment of current nutrition practices related to foods and beverages provided, environment, teacher practices, professional development/education, and policy

### Results:

- Will assess change since last year's Go NAP SACC
- Will identify strengths and areas for improvement
- Will inform future programming, trainings, etc.

## Video Training Series





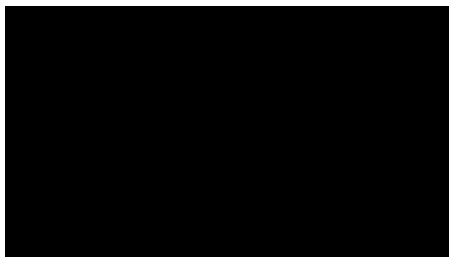
## Quality Rating and Improvement System (QRIS)



## Professional Development and TA



## Professional Development and TA



## Emerging Opportunities

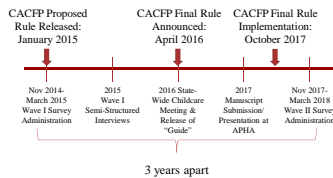




## Maryland Child Care Wellness Policies and Practices Project (CWPPP)

- Goal: To identify nutrition and physical activity policies and practices in Maryland child care centers to target for professional development/technical assistance
  - To evaluate change pre-/post-CACFP meal pattern changes

### Timeline

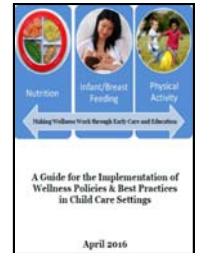


## CWPPP Findings

- Guide: provides an overview of CWPPP data and evidence-based recommendations for training, education, and technical assistance to create health-promoting environments.

### Data (n=610 centers)

- **Successes**
  - 98% of ECEs never have television or videos on during snack time;
  - 86% never offer sugary drinks
  - ECEs participating in QRIS & CACFP had higher rates of best practice adherence
- **Challenges**
  - Only 16% of centers met the best practice for at least 120 minutes per day of indoor/outdoor PA
  - 40% of centers met the best practice for teachers incorporate physical activity into classroom routines, transitions and plans

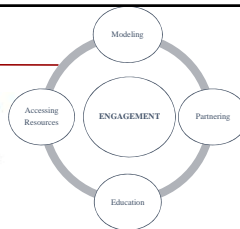


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## CWPPP Findings

### Recommendations for those Providing Education/Training to Child Care Providers

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|---|---|
| <p><b>ENGAGEMENT</b></p> <ol style="list-style-type: none"> <li>1. Provide trainings for ECE providers on the formation of provider based wellness teams to oversee the implementation of child care wellness best practices.</li> <li>2. Create curriculum that is appropriate for the child-care setting and encompasses active learning about nutrition and physical activity.</li> </ol> <p><b>MODELING</b></p> <ol style="list-style-type: none"> <li>3. Provide training on establishing a provider-wide focus on healthy habits of center staff and the importance of healthy role modeling.</li> </ol> <p><b>PARTNERSHIP</b></p> <ol style="list-style-type: none"> <li>4. Establish long-standing relationships with ECE providers to provide continuous complementary wellness trainings, building skills and knowledge over time.</li> <li>5. Form regional wellness coalitions among local independent ECE providers to support one another in wellness efforts.</li> <li>6. Develop trainings specific to building wellness partners.</li> </ol> | <p><b>EDUCATION</b></p> <ol style="list-style-type: none"> <li>7. Develop trainings on providing education about childcare wellness best practices to all members of the child care community.</li> <li>8. Establish training focused on ECE provider policies and procedures.</li> </ol> <p><b>ACCESSING RESOURCES</b></p> <ol style="list-style-type: none"> <li>9. Work with State and Federal agencies to promote participation in the USDA Child and Adult Care Food Program (CACFP) and accreditation in the MD EXCELS program among ECE providers.</li> <li>10. Work with ECE providers and community partners to develop modes of information sharing.</li> </ol> |
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## Question and Answer

